



The Commonwealth of Massachusetts
Division of Professional Licensure
239 Causeway Street Boston, MA 02114
www.mass.gov/reg/boards/hi/
Board of Registration of Home Inspectors
(617)727-4459

Attach un-mounted
recognizable recent
photograph in this space with
face not less than 3/4 inches
wide.

(Photograph taken more than
six months prior to filing
application is not accepted.)

(Do not use staples when
attaching photograph.) Paste
or cellophane tape may be
used.

**Application For Home Inspector's License
by Reciprocity**
**Application shall be printed in Ink and
Filled out by the Applicant**

Board Use Only

Date
Received _____
Date
Accepted _____
Certificate
No. _____
Date of
Issue _____

Attach a **certified check** or **money order** payable to the **Commonwealth of MA.**
DO NOT SEND CASH

Print name _____
(Name) (Middle Initial) (Last Name)

Home Address _____
(No. Street) (City/Town) (State) (Zip code)

Mail Address _____
(No. Street) (City/Town) (State) (Zip code)

Tel No _____ Birth date _____ Height _____ Weight _____

Social Security No _____

Pursuant to M.G.L. c. 62C, s. 47A, the Division of Professional Licensure is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the tax laws of the Commonwealth.

Present Employer _____ Address _____

Your Duties as Employee _____

Date Employment Started _____

Former Employer _____ Address _____

Your Duties as Employee _____

Dates of Employment (From) _____ (to) _____

Former Employer _____ Address _____

Your Duties as Employee _____

Dates of Employment (From) _____ (to) _____

Have you taken the Home Inspectors examination?

Date of Exam _____ Pass ☐ Fail ☐

If passed exam, date and type of license issued _____

Are you a member of the American Society of Home Inspectors? Yes ☐ No ☐ (Answering no to this question will not affect your eligibility for licensure.)

1. List any licenses/certifications you hold in the United States or any country or foreign jurisdiction and the state/jurisdiction from which the license/certification was originally issued. Please attach a certificate of standing from each state or jurisdiction in which you are licensed/certified, indicating the status of your license and any relevant disciplinary information.

2. Has any disciplinary action been taken against you by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes _____ No _____ If yes, please state the details (use a separate sheet if necessary):

3. Are you the subject of pending disciplinary actions by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes _____ No _____ If yes, please state the details (use a separate sheet if necessary):

4. Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board in the United States or any country or foreign jurisdiction? Yes _____ No _____ If yes, please state the details (use a separate sheet if necessary):

5. Have you ever applied for and been denied a professional license in the United States or any country of foreign jurisdiction? Yes _____ No _____ If yes, please state the details (use a separate sheet if necessary):

6. Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation for which a fine of less than \$100.00 was assessed? Yes _____ No _____ If yes, please state the details (use a separate sheet if necessary): _____

The following must be certified by a notary public.

7. _____ being duly sworn says that he is the person who is referred to in this application for
(Applicant)
Certificate as licensed Home Inspector, in the State of Connecticut; that the statements herein contained are strictly true in every respect and that he has complied with all requirements of law.

(Signature of Applicant)

Sworn to before me this _____ day of _____ 20____

(Seal) s/ _____
(Person Administering Oath)

8. I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Division of Professional Licensure, Board of Registration of Home Inspectors in Massachusetts to sit as a candidate or to suspend or revoke a license issued to me in accordance with Massachusetts Law. I further attest that, pursuant to M.G.L.C.62C, s. 49A., to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxed required by law.

(Signature) _____ **Date:** _____

[illegible]

Applicants must apply for a certified statement from their state of licensure and submit it with the application.

Applicants must submit proof of \$250,000 of errors and omissions insurance. Required fee and other papers that may be required. Do not submit a copy of your license.

APPLICATION FEE
HOME INSPECTOR'S
LICENSE ---- \$338

Date
Approved
Disapproved
Executive Director

For Office Use Only

Fee Paid

Receipt No.

Home Inspections List

PLEASE LIST 125 HOME INSPECTIONS PERSONALLY PERFORMED BY YOU

Date	Address	Client	Date	Address	Client
1.			2.		
3.			4.		
5.			6.		
7.			8.		
9.			10.		
11.			12.		
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